

**SUPPLEMENTAL DECLARATION
FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am an original, first and joint inventor of the subject matter which is claimed and for which a patent is sought on the invention entitled GENE MUTATION ASSOCIATED WITH AGE-RELATED MACULAR DEGENERATION, the specification of which was filed on January 27, 2004, as Application No. 10/766,760, with amendments through June 20, 2007.

I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

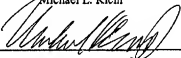
I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, Section 1.56.

All statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of Sole or First Inventor:

Michael L. Klein

Inventor's Signature



7/19/07
Date

Residence:

Portland, Oregon

Citizenship:

United States of America

Post Office Address:

3375 SW Terwilliger Blvd
PORTLAND OR 97239

Full Name of Second Joint Inventor, if any: Dennis Schultz

Inventor's Signature

Dennis A. Schultz

July 19, 2007
Date

Residence: Portland, Oregon

Citizenship: United States of America

Post Office Address:

15004 NW Cornelius Pass Rd